LCC JEFFERSON CITY

PAGE 04 PRINTED: 02/11/2011

	MENT OF HEALTH		54		M APPROVED 0. 0938-0391
TATEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3 S	MULTIPLE CONSTRUCTION (X3) DATE COMP	SURVEY LETED
		445275	8, WIN	NG 02	09/2011
	(EACH DEFICIENC)	ERSON CITY TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	EACH CORRECTIVE ACTION SHOULD BE	COMPLETION DATE
F 164 SS=D	PRIVACY/CONFIL The resident has the confidentiality of his records. Personal privacy in medical treatment, communications, proceedings of family does not require the room for each resident section, the resident section, the resident release of personal individual outside. The resident's right and clinical record resident is transfer institution; or reconstitution; or reconstitution; or reconstitution in the resident is required the form or storage release is required the light that the form or storage release is required the light that the residential reconstitution is required to the form or storage release is required the light that the residential reconstitution is required to the residential reconstitution of the reconstitution of the residential reconstitution of the residential reconstitution of the residential reconstitution of the re	meright to personal privacy and is or her personal and clinical solutions accommodations, written and telephone personal care, visits, and and resident groups, but this is a facility to provide a private dent. If in paragraph (e)(3) of this int may approve or refuse the int and clinical records to any the facility. If to refuse release of personal is does not apply when the interest of another health care interest of the int	FIG	This Plan of Correction constitutes our written allegation of compliance. "This Plan of Correction is submitted as required under federal and state regulation and statutes applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the Plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that scope or severity regarding any of the deficiencies cited are correctly applied." F164 PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? To address the situation involving the personal privacy of Resident #1—Licens Practical Nurse (LPN) #2, Certified Nursing Assistant (CNA) #1, and the oth staff member who entered room before hearing a response were all educated on resident's right to personal privacy and the staff member who entered room before hearing a response were all educated on resident's right to personal privacy and the staff member who entered room before hearing a response were all educated on resident's right to personal privacy and the staff member who entered room before hearing a response were all educated on resident's right to personal privacy and the staff member who entered room before hearing a response were all educated on resident's right to personal privacy and the staff member who entered room before hearing a response were all educated on resident's right to personal privacy and the staff member who entered room before hearing a response were all educated on resident's right to personal privacy and the staff member who entered room before hearing a response were all educated on resident's right to personal privacy and the staff member who entered room before hearing a response were all educated on resident and the staff member who enter	on 3 36 11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE/S SIGNATURE

personal privacy during a dressing change for

and interview, the facility failed to provide

one resident (#1) of twenty-four residents

TITLE

associated procedures that should be

followed. This occurred on 2/18/11.

Any deficiency statement ending with an asterisk (*) depotes a desciency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

reviewed.

(XS) DATE

PAGE 05

PRINTED: 02/11/2011 FORM APPROVED OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUN. 4 SERVICES FO CENTERS FOR MEDICARE & MEDICAID SERVICES OMB

LIFE CARE CENTER OF JEFFERSON CITY SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL FACTOR FERSON CITY, TO 37760	TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DENTIFICATION NUMBER.		TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
ILIFE CARE CENTER OF JEFFERSON CITY SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREGULATORY OR LOCAL DEFICIENCY MUST BE PRECEDED BY FULL PREGULATORY OR LOCAL DEFICIENCY MUST BE PRECEDED BY FULL PREGULATORY OR LOCAL DEFICIENCY MUST BE PRECEDED BY FULL PREGULATORY OR LOCAL DEFICIENCY MUST BE PRECEDED BY FULL PREGULATORY OR LOCAL DEFICIENCY MUST BE PRECEDED BY FULL PREGULATORY OR LOCAL DEFICIENCY MUST BE PRECEDED BY FULL PRECULATORY OR LOCAL DEFICIENCY MUST BE PRECEDED BY FULL PRECULATION OF TAG MUST BE PRECULATORY OR LOCAL DEFICIENCY MUST BE PRECULATED ACTION OF CORRECTION (EECOL DEFICIENCY DEFICIENCY MUST BE PRECULATED ACTION OF CORRECTION (EECOL DEFICIENCY DEFICIENC			445275	B. WING		02/09/2011
FREETY TAG FREETY TAG FREGULATORY OR LSC IDENTIFYING INFORMATION) FREETY TAG FREGULATORY OR LSC IDENTIFYING INFORMATION) FREETY TAG FROSS-REFERENCED TO THE APPROPRIATE DENTIFY TAG From the continued of the provided in the sacrum. Observation of a dressing change with License Practical Nurse (LPN) #2 and Certified Nursing Assistant (CNA) #1 on February 7, 2011, at 2.25 p.m., revealed the resident in bed positioned to one side and exposed from the waist down. Continued observation revealed the privacy curtains and the blinds on the window were not closed to provide privacy during the dressing change revealed a knock on the door and a staff member opened the door and entered before LPN #2 could respond. Interview with LPN #2 at the time of the observation confirmed the LPN failed to provide personal privacy for the resident by failing to pull the privacy curtains and window blinds, allowing the resident to the exposed during the dressing change. Interview with LPN #2 at the time of the observation confirmed the LPN failed to provide personal privacy for the resident by failing to pull the privacy curtains and window blinds, allowing the resident by failing to pull the privacy curtains and window blinds, allowing the resident privacy is covered during this inservice and the next one is scheduled for 4/1/11. DON/Unit Managers/ SDC (Staff Development Coordinator), will perform resident personal privacy audits to ensure staff are following all appropriate procedures when helping/treating/providing.			FERSON CITY		336 WEST OLD ANDREW JOH	INSON HWY
The findings included: Resident #1 was admitted to the facility on December 13, 2010, with diagnoses including a Stage 3 Pressure Ulcer on the sacrum. Observation of a dressing change with License Practical Nurse (LPN) #2 and Certified Nursing Assistant (CNA) #1 on February 7, 2011, at 2:25 p.m., revealed the resident in bed positioned to one side and exposed from the waist down. Continued observation revealed the privacy curtains and the blinds on the window were not closed to provide privacy during the dressing change. Further observation during the dressing change revealed a knock on the door and a staff member opened the door and entered before LPN #2 could respond. Interview with LPN #2 at the time of the observation confirmed the LPN failed to provide personal privacy for the resident by failing to pull the privacy curtains and window blinds, allowing the resident to be exposed during the dressing change. All residents have the potential to be affected by the same deficient practice? All residents have the potential to be affected. Training, systemic changes, audits, and a performance improvement program as described below have been implemented to ensure all other residents are provided with appropriate personal privacy. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice? On 2/18/2011, DON and SDC trained staff on all shifts regarding our residents' rights to personal privacy and the associated procedures they should follow to ensure this is provided at all times. In addition to this we have an annual training for all staff on the topic of resident rights. The right to privacy is covered during this inservice and the next one is scheduled for 4/1/11. DON/Unit Managers/ SDC (Staff Development Coordinator), will perform resident personal privacy audits to ensure staff are following all appropriate procedures when helping/treating/providing	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACCROSS-REFERENCED TO	THE APPROPRIATE DAT
	F 164	The findings included Resident #1 was a December 13, 20° Stage 3 Pressure. Observation of a CPractical Nurse (LAssistant (CNA) # p.m., revealed the one side and experior continued observed curtains and the bediesed to provide change. Further change revealed member opened LPN #2 could result interview with LP observation confipersonal privacy the privacy curtain the resident to be	admitted to the facility on 10, with diagnoses including a Ulcer on the sacrum. Idressing change with License PN) #2 and Certified Nursing 11 on February 7, 2011, at 2:25 a resident in bed positioned to be sed from the waist down, ation revealed the privacy blinds on the window were not privacy during the dressing observation during the dressing a knock on the door and a staff the door and entered before pond. N #2 at the time of the rmed the LPN failed to provide for the resident by failing to pull ns and window blinds, allowing	F 1	having the potential to same deficient practice. All residents have the paffected. Training, systaudits, and a performan program as described be implemented to ensure are provided with approprivacy. What measures will be what systemic change ensure that the deficien not recur? On 2/18/2011, DON are on all shifts regarding to personal privacy and procedures they should this is provided at all tithis we have an annual on the topic of resident privacy is covered durithe next one is schedul DON/Unit Managers/Development Coordinates ident personal privates aff are following all procedures when helps	be affected by the e? sotential to be temic changes, the improvement clow have been all other residents operate personal be put into place or swill be made to ent practice does and SDC trained staff our residents' rights in the associated in follow to ensure the impact of training for all staff trights. The right to ing this inservice and led for 4/1/11. SDC (Staff ator), will perform the appropriate ing/treating/providing

02/21/2011 19:46 8654755236
DEPARTMENT OF HEALTH AND HU' I SERVICES
CENTERS FOR MEDICARE & MEDICARD SERVICES

LCC JEFFERSON CITY

PAGE 06 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		445275 B.			02/09/2011			
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF JEFFERSON CITY				STREET ADDRESS, CITY, STATE, ZIP CODE 336 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TN 37760				
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETION DATE			
F 164	The findings included Resident #1 was accomber 13, 2010 Stage 3 Pressure L. Observation of a dr. Practical Nurse (LF. Assistant (CNA) #1 p.m., revealed the cone side and expositions and the blic closed to provide proceed to provide proceed a member opened the LPN #2 could respon the privacy curtains the resident to be expressed and procedures, and	dimitted to the facility on one of the sacrum. The sacrum of the sacrum of the sacrum of the sacrum. The same of the sacrum of	F 164	How will the corrective action monitored to ensure the deficie practice will not re-occur, i.e., quality assurance program will into place? DON/Unit Managers/SDC will personal privacy audits for 13 re week X12 weeks or until 100% is achieved. DON/ADON will report finding committee for 3 months for recommendations and follow up Performance Improvement commincludes the ED, DON, Medical Consultant Pharmacist, and interdisciplinary department head interdisciplinary department head to have been affected by the corrective? New dumpsters have been orded doors that close more easily. The ground surrounding dumpsters cleaned up. Trash around the consultant of the consultant process of the co	ent what I be put Derform sidents per compliance s to the PI mittee Director, ds. AND ill be ents found leficient cred with crash on has been	3/26/11		

PAGE 07 PRINTED: UZ/TT/ZUTT FORM APPROVED

DEPARTMENT OF HEALTH AND HUM SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 02/09/2011 445275 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 336 WEST OLD ANDREW JOHNSON HWY LIFE CARE CENTER OF JEFFERSON CITY JEFFERSON CITY, TN 37760 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE (X4) 1D EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY TAG F 372 door has been cleaned up. Inservice was 3/26/11 performed with Maintenance department Continued From page 2 F 372 on 2/21/11 in which the "Garbage Receptacle and Grounds Safety" policy and Observation of the dumpster refuse area and the dietary exit area with the Food Services Director procedures were reviewed. on February 7, 2011, at 9:00 a.m., revealed the How will you identify other residents following: A side door was fully opened on one of two having the potential to be affected by the same deficient practice? Trash and refuse on the ground surrounding two of two dumpsters, to include a faded soft All residents have the potential to be drink can (embedded in dirt, leaves and pine affected. Training, audits, and a needles), plastic wrap, aluminum foil, ice cream performance improvement program as cups, a plastic cup and plastic silverware described below have been implemented to (embedded in dirt, leaves and pine needles), ensure appropriate disposal of trash and condiment containers and packets (salt, sugar, sweet-n-low, ketchup), napkins, pieces of faded refuse in order to protect our residents. paper and faded cardboard, and disposable latex What measures will be put into place or gloves. 3. Trash and refuse scattered and embedded in what systemic changes will be made to leaves and pine needles, around the dietary exit ensure that the deficient practice does area, to include a dirty, stiff rag, stuck to the not recur?

concrete in less than 10 feet from the exit door, condiment containers (flavored dip, ketchup), and multiple pieces of scattered faded paper products (straw wrappers, napkins, and cardboard).

Review of a facility policy and procedure titled "Garbage Receptacle and Ground Safety" revealed, "Policy: The maintenance department is responsible for overseeing that all garbage, trash, and other noninfectious waste shall be stored and disposed of in a manner that shall not permit the transmission of disease, create a nuisance, provide a breeding place for insects or rodents...Procedure: 1. The maintenance director will make rounds every morning...3. All containers for waste shall be covered..."

Interview with the Food Services Director at the dumpster refuse area on February 7, 2011, at

Staff Development Coordinator provided an inservice to all staff on 2/18/11 and reviewed each person's role in maintaining clean grounds and appropriate procedures for disposing of trash/refuse. Maintenance Director/Dietary Manager or designee will observe dietary exit area, all grounds, and dumpster area each morning, will ensure appropriate disposal of trash/refuse per policy, and will report findings to ED daily.

How will the corrective action be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?

8654755236

PAGE 08

PRINTED: 02/11/2011 FORM APPROVED

DEPART	MENT OF HEALTH	AND HUM SERVICES				FORM A	PPROVED 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
445275		B. WING			02/09/2011		
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF JEFFERSON CITY			:	330	EET ADDRESS, CITY, STATE, ZIP CODE 6 WEST OLD ANDREW JOHNSON HV EFFERSON CITY, TN 37760	VY	
(X4) ID PREFIX TAG	CACH DESIGNER	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
F 372	9:10 a.m., confirm	ed the facility failed to ensure all of garbage and refuse.	f 3	172	Maintenance Director/Dietary Mesignee will observe dietary exgrounds, and dumpster area eac will ensure appropriate disposal trash/refuse per policy, and will findings to ED daily for three muntil 100% compliance is achie Maintenance Director/Dietary Mesignee will report findings to committee for 3 months or unticompliance has been achieved appropriate of recommendations at up. Performance Improvement includes the ED, DON, Medica Consultant Pharmacist, Dietary Maintenance Director, and intendepartment heads.	it area, all h morning, of report conths, or wed. Manager or the PI 100% for the ad follow committee I Director, Manager,	3 36 11